

HEARTLAND MARTIAL ARTS LEAGUE

P.O. Box 1256
Hastings, NE 68902-1256

INSTRUCTOR/SCHOOL MEMBERSHIP APPLICATION

DATE _____

HMAL # 19-IS _____

APPLICANT INFORMATION

NAME _____ AGE _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

() - _____

TELEPHONE

DATE OF BIRTH

MARTIAL ART _____

PRESENT RANK

TRAINED HOW LONG _____

WHERE _____

DO YOU HOLD MEMBERSHIP WITH ANY MARTIAL ARTS ORGANIZATION?

PLEASE LIST _____

SIGNATURE

By signing, I certify my acceptance of, and determination to abide by the ethical standards, bylaws and rules of the Heartland Martial Arts League.

ENCLOSE A CHECK OR MONEY ORDER FOR CORRECT AMOUNT.

\$30.00 1st INSTRUCTOR - \$20.00 2ND INSTRUCTOR

*** DO NOT WRITE BELOW THIS LINE ***

Date Received _____

Approved: Yes No

Received by: _____

Amount Received \$ _____